

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

**STAFF RESPONSIBILITIES RELATED TO CURRENT OFFICIAL GUIDANCE
IN THEIR AREA OF RESPONSIBILITY**

**IHSC Directive: 01-03
ERO Directive Number: 11701.2
Federal Enterprise Architecture Number: 306-112-002b
1 Dec 2015**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth policies and procedures for staff regarding their responsibilities to remain current in their knowledge of official guidance, particularly in their area of responsibility.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Performance Based National Detention Standards (PBNDS) 2011.
 - 3-2. National Commission on Correctional Health Care (NCCHC) *Standards for Health Services in Jails*, 2014.
 - 3-3. American Correctional Association:
 - a. *Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions*.
 - b. *Standards for Adult Correctional Institutions*, 4th Edition.
 - c. *Performance-Based Standards for Adult Local Detention Facilities*, 4th edition.
4. **POLICY:** All IHSC personnel must receive initial orientation and training for all PHS, DHS, ICE, ERO, IHSC, and local official guidance that the employee is

held accountable for (hereafter referred to as “official guidance”), and have access to the information. IHSC personnel must have access to IHSC official guidance during contingency operations. All IHSC personnel must read and acknowledge understanding of official guidance on a regular basis as outlined below. Official guidance includes, but is not limited to: PHS, DHS, ICE, ERO, IHSC instructions, policies, directives, guides, operational memoranda (OMs), and local facility and IHSC operating policies and procedures.

- 4-1.** All IHSC supervisors, e.g. Deputy Assistant Directors (DADs), Unit Chiefs, Regional Health Services Administrators (HSAs), Regional Field Medical Coordinators (FMCs), Regional Clinical Directors (CDs), and HSAs, are responsible for ensuring the employees within their area of responsibility (AOR) are trained and have access to all applicable official guidance.
- a. Access to Official Guidance. The supervisor is responsible for providing the employees in his or her AOR with access to all the official guidance for which they are held accountable. The supervisor must maintain a hard copy of all applicable IHSC and local official guidance for use during contingency operations, e.g. power failures, computer shutdowns, natural disasters, and facility evacuations.
 - b. Orientation. As part of a new employee’s orientation, the supervisor, or designee, must provide the employee with notice of the official guidance they are held accountable for, and how to access it. The supervisor, or designee, must review the current official guidance with the employee, ensuring that key points applicable to the employee are highlighted and understood. The supervisor, or designee, must **determine** and **document**, through a method of his or her own choosing, that the employee received the orientation, understood the information, and knows how to access it. This documentation is maintained in the employee’s IHSC personnel folder.
 - c. New Official Guidance. When new official guidance is issued, the supervisor, or designee, must provide the employees in his or her AOR with notice of the new official guidance they are held accountable for, and how to access it. The supervisor, or designee, must review the new official guidance with the employees, ensuring that key points applicable to the employees are highlighted and understood. The supervisor, or designee, must **determine** and **document**, through a method of his or her own choosing, that the employees received the training, understood the information, and know how to access it. This documentation is maintained at the site.

- d. Annual Review. The supervisor is responsible for ensuring all employees in his or her AOR annually review (during June) all applicable official guidance and sign statements acknowledging their review and understanding of the contents of the official guidance, and the employee's accountability for following the official guidance. This documentation is maintained at the site.
- 4-2.** All IHSC personnel must review and acknowledge their understanding of the official guidance they are held accountable for on a regular basis, as outlined below.
- a. Employee Review and Understanding. The employee is responsible for reviewing all applicable official guidance and understanding the content. Although the supervisor provides orientation and training, it is the employee's responsibility to ensure he or she understands the official guidance and seeks out additional training if needed.
 - b. Documentation. Upon completion of orientation, training for a new issuance, and on an annual basis (June), the employee is responsible for signing a statement, developed locally, acknowledging review of all applicable official guidance, understanding of its contents, and accountability for following it.
- 5. PROCEDURES:** IHSC supervisors develop local operating procedures if needed to implement this directive.
- 6. HISTORICAL NOTES:** The only change is to the date of NCCHC from 2008 to 2014.
- 7. DEFINITIONS:** See definitions for this policy at [IHSC Glossary](#).
- 8. APPLICABLE STANDARDS:**
- 8-1. American Correctional Association (ACA):**
- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition:
 - (1) 4-ALDF-7D-06: *Policies and Procedures*.
 - (2) 4-ALDF-7D-08: *Policies and Procedures*.
 - b. Standards for Adult Correctional Institutions, 4th edition:
 - (1) 4-4012: *Policy and Procedure Manuals*.
 - (2) 4-4013: *Policy and Procedure Manuals*.
 - (3) 4-4014: *Policy and Procedure Manuals*.

- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:
 - (1) 1-HC-7A-03: *General Administration*.

8-2. National Commission on Correctional Health Care (NCCHC):

- a. Standards for Health Services in Jails, 2014:
 - (1) J-A-05: *Policies and Procedures*.

9. **RECORDKEEPING.** Records generated as described in this policy will be maintained in accordance with General Records Schedule (GRS) 1, item 18a, General Personnel Records System of Records Notice, 77 Fed. Reg. 73694 (Dec. 11, 2012), Employee Performance File System of Records, 65 Fed. Reg. 24732 (April 27, 2000) and any other applicable DHS systems.

Protection of Medical Records and Sensitive Personally Identifiable Information.

- 9-1. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- 9-3. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
- 9-4. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:

(b)(6);(b)(7)(C)

when additional information is needed concerning safeguard sensitive PII

10. **NO PRIVATE RIGHT STATEMENT.** This directive in an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.